

Work Order ID 113432

Friday, February 14, 2014 7:30:17 AM

113432

Page 1

Item ID: D3636-041

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Shoulder Harness

Stop

NS2

Start Date: 2/7/2014 Start Qty: 4.00

4

Cust Item ID:

Required Date: 2/28/2014 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: CJDate: 14/03/14

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3636	Rev B <u>UR</u>								

100

100

Purchasing

PURCHASING

Purchasing

Memo

0.00

CJ 14/02/14 (4)Issue P/O: 23013

Purchase Part Number: P/N 3104-1-061-2396

AMSAFE INC., PHOENIX, ARIZONA

Certificate of conformity is required

Supplier:

110

110

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

14/3/14 (4)

Packaging

Memo

0.00

Ensure certificate of conformity is attached

120

120

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

DAS

27

9:59

14/3/18

4

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____	DISPOSITION <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved	AGAINST DEPARTMENT/PROCESS <input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier
Part No. _____		
NCR No. _____		

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 113432

Friday, February 14, 2014 7:30:17 AM

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Page 2

Item ID: D3636-041

Accept

N900040100

Setup

Start

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Revision ID:

Item Name: Shoulder Harness

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NS2

Start Date: 2/7/2014 Start Qty: 4.00

4

Cust Item ID:

Required Date: 2/28/2014 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

130 Identify as per dwg & Stock Location: _____

0.00

130

Packaging

Packaging

Memo *SDC7*

0.00

14/3/18 (4)

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

*MLJ 1403-19**1403-18*

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only 

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
	Bending		Bend		Folio/Program						Pressure/Forced
	Centre Not Concentric		BOM/Route		Grain						Set-up
	Cracks		Broken/Damage/Defect		Hardware						Temperature/Cure
	Crimp/Kink/Ripple/Wave		Burrs		Inspection Incomplete/Unqualified						Weld
	Cuffs		Contamination		Instructions Incomplete/Unclear						Wrong Stock Pulled
	Crushing		Countersink		Misaligned/off center						
	Heat Treat		Cut Too Short		Mislabeled						
	Inspection Strip in Tube		Drawing		Misread						
	Marks/Chatter		Drill Holes		Off-set						
	Turning Sequence		Finish		Out of Calibration						
	Wave/Twist in Tube		Fit/Function		Out of Sequence						

Picklist Print

Friday, February 14, 2014 7:30:16 AM

Page 1

Work Order ID: 113432

113432

Parent Item: D3636-041

D3636-041

Parent Item Name: Shoulder Harness

Start Date: 2/7/2014

Required Date: 2/28/2014

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A revA as per dwg 08-01-09 DD verified by LL 08/01/09

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3636-041P *D3636-041P* Shoulder Harness		Purchased		No		110	Each	0.0000	1	4	**	<i>2/7/14 (4)</i>	

DQA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

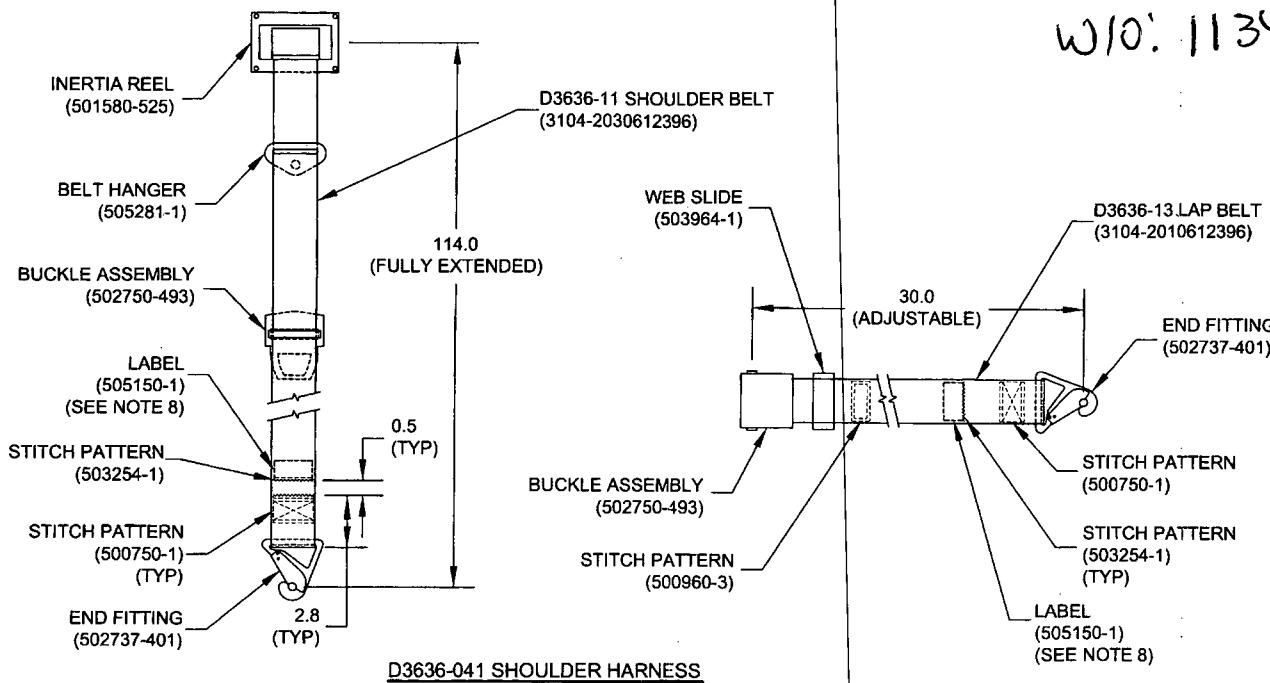
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General							
		Bending <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
		Centre Not Concentric <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>				
		Cracks <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
		Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>				
		Cuffs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
		Crushing <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
		Heat Treat <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
		Inspection Strip in Tube <input type="checkbox"/>	Misread <input type="checkbox"/>		Other <input type="checkbox"/>				
		Marks/Chatter <input type="checkbox"/>	Off-set <input type="checkbox"/>						
		Turning Sequence <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
		Wave/Twist in Tube <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						

SPECIFICATION CONTROL DRAWING

CL14/02/18
W10: 113433



NOTES:

- 1) DESCRIPTION: 3-POINT SHOULDER HARNESS WITH LEVER STYLE BUCKLE AND CHROME HARDWARE PLATING
2" BLACK NYLON WEBBING, STYLE T1200-5 WHICH MEETS REQUIREMENTS OF TSO-C114
WITH MINIMUM STRENGTH OF 2500 LBS
- 2) PURCHASE INFO: P/N 3104-1-061-2396 (D3636-041)
AMSAFE INC., PHOENIX, ARIZONA
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.7 lbs
- 8) LABEL TO INCLUDE: DART AEROSPACE P/N D3636-11-13
(613) 632-3336

RELEASED
07.11.17
UNDER REVIEW
13-07-13
PAGE 2 OF 2

B	NEW HARNESS P/N'S; REFERENCE TSO-C114	LE	07.10.16
A	NEW ISSUE; REPLACES G10601	LE	07.07.27
REV.	DESCRIPTION	BY	DATE
DESIGN	CV		
DRAWN	LE		
CHECKED	PW		
MFG. APPR.	N/A		
APPROVED			
DE APPR.			
DATE	07.10.16	SCALE	NTS
		DART AEROSPACE USA, INC PORT HADLOCK, WA	
		REV. B	SHEET 1 OF 1
		DRAWING NO.	
		D3636	
		TITLE	
		SHOULDER HARNESS	
		COPYRIGHT © 2007 BY DART AEROSPACE USA, INC THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO23013**

Purchase Order Date 2/14/2014

PO Print Date 2/18/2014

Page Number 1 of 1

Order From : VU-AMS001
AMSAFE INC.
1043 NORTH 47TH AVENUE
PHOENIX, AZ 85043
US

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REvised \$

Contact Name
Vendor Phone 602 850 2850
Ship To Contact
Ship To Phone
Ship Via: FedEx PI collect
Ship Acct:

Buyer Chantal Lavoie
Customer POID
Customer Tax # 10127-2607
Terms Net 30
Currency USD
FOB FCA - (Free Carrier)

FAXED

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD Promise Date	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D3636-041P	Shoulder Harness	3/7/2014 Yes	3/7/2014	4.00 Each	\$350.89	\$1,403.56

AS PER DWG D3636 REV. B
B113432
AMSAFE P/N: 3104-1-061-2396

2	3221-1-011-2396	Shoulder Harness	3/7/2014 Yes	3/7/2014	6.00 Each	\$308.84	\$1,853.04
		AS PER DWG D4088 REV. A B113288					

1/4/13/10 Line Total: \$1,403.56

Line Total: \$1,853.04

PO Total: \$3,256.60

PO Instructions: Procurement Quality Clauses
A004 faa-pma/tso
A005 right of entry
A007 first article inspection
A016 personnel qualification
A026 certification of material conformance
A040 notification of quality escape
A041 quality management system
A042 dart notification by supplier

CLM

AmSafe

1043 NORTH 47th AVENUE
PHOENIX, AZ 85043
PH (602)850-2850 FAX (602)850-2812

SHIPPER/CERTIFICATION



CUSTOMER NO.	SALES ORDER NO.	BOL NO.	DATE PRINTED	PAGE NO.
10006113	S275166	000328100	03/13/14	1

DART AEROSPACE
1270 ABERDEEN STREET
HAWKESBURY
HAWKESBURY, ON K6A 1K7
Canada

DART AEROSPACE LTD.
1270 ABERDEEN ST
HAWKESBURY, ON K6A 1K7
Canada

CUSTOMER ORDER NO.
PO23013

TERMS
NET30

FREIGHT
COLLECT

SHIP VIA
FedEx P1 10:30 AM

F.O.B.
ORIGIN

Sales Order Remarks: 1517-9324-0

SHIPMENT REFERENCE 000328100

Remarks:

- A004 - FAA-PMA/TSO
- A005 - RIGHT OF ENTRY
- A007 - FIRST ARTICLE INSPECTION BY SELLER & MAINTAINED BY SELLER
- A016 - PERSONAL QUALIFICATION
- A026 - CERTIFICATION OF MATERIAL CONFORMANCE
- A040 - NOTIFICATION OF QUALITY ESCAPE
- A041 - QUALITY MANAGEMENT SYSTEM
- A042 - DART NOTIFICATION BY SUPPLIER

ITEM NUMBER LINE	DESCRIPTION	DRAWING AND CERTIFICATIONS	DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D3636041 3104-1-061-2396 REST SYS ASSY W/IR	DRAWING: 3104 REV: G CERT: TSO-C114 Lot/Serial Numbers Shipped S275166-1	2014-03-13 4.0	4 Expire Ref.	4	0

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

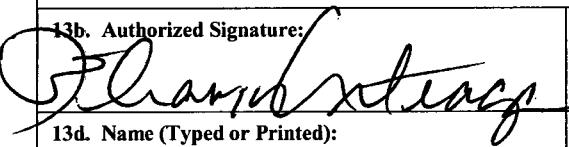
AmSafe Authorized Signature: X Nicole Davis

Printed Name: Nicole Davis

MAR 13 2014

Dated: / /

COUNTRY OF ORIGIN USA

1. Approving Civil Aviation Authority/Country: FAA/United States	2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number: S275166-1- EA
4. Organization Name and Address: AMSAFE, INC 1043 NORTH 47 TH AVE PHOENIX, AZ. 85043			PT1967NM	5. Work Order/Contract/Invoice Number: S275166-1 0 PAGES ATTACHED
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:
1	REST SYS ASSY	3104-1-061-2396	4	N/A
11. Status/Work: NEW				
12. Remarks: DRAWING: 3104 REV: G TSO: C114 CUSTOMER P/N D3636041 DATE CODE: A0314				
EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA				
13a. Certifies the items identified above were manufactured in conformity to: <input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.	
13b. Authorized Signature: 		13c. Approval/Authorization No.: ODA602112NM	14b. Authorized Signature:	14c. Approval/Certificate No.:
13d. Name (Typed or Printed): ELEANOR ARTEAGA		13e. Date (dd/mmm/yyyy): 13/MAR/2014	14d. Name (Typed or Printed):	14e. Date (dd/mmm/yyyy):
User/Installer Responsibilities				
<p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article.</p> <p>Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p>				